

**Arkansas Board of Registration for Professional Geologists**  
**FORM OF COMPLAINT**

(For use in filing complaints with the Arkansas Board of Registration for Professional Geologists)

**Instructions:**

1. Please type or print legibly.
2. Provide your home and work telephone numbers.
3. Give full name(s) of the licensee(s) complained against.
4. State facts briefly and clearly.
5. Be sure to give exact dates. If not possible, give month and year.
6. State the names of persons who were present and can verify oral communications and agreements.
7. Furnish full names, addresses, and daytime telephone numbers of ALL persons whom can confirm your allegations.
8. Sign this complaint on the reverse side of this form and have your signature witnessed by a notary public.

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<b>Name of Complainant</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<hr/>		<hr/>		
<b>Home Telephone Number</b>		<b>Work Telephone Number</b>		
<hr/>				
<b>Name of Licensee(s) involved against whom you are filing this complaint/or person you believe to be practicing without a license</b>				
<hr/>				
<b>Name of Company involved (if applicable)</b>				
<hr/>				
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	

**TO:**

STATE OF ARKANSAS, BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS  
3815 WEST ROOSEVELT ROAD  
LITTLE ROCK, AR 72204  
TELEPHONE: (501) 683-0150 FAX: (501) 683-2192

Revised 10/06

**COMPLAINT:**

**State of** \_\_\_\_\_

**County of** \_\_\_\_\_

\_\_\_\_\_, being first duly sworn, states:

**Name of Complainant(s)**

*State briefly the accurate and truthful facts giving rise to the complaint.*

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Signature(s) of Complainant(s)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal)

\_\_\_\_\_, Notary Public

My Commission expires:\_\_\_\_\_.

Revised0/06